

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>7326</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name: <u>BILLY</u> <u>J</u> <u>SMITH</u> P.O. Box, Bldg., Room No., if any: _____ Street: <u>3416 EDMONT</u> City: <u>ORANGE</u> State: <u>Texas</u> ZIP Code + 4: <u>77630</u>	4. Name, file number, and address of labor organization. Name: <u>T.I.E.A.T.J.U.F.</u> Labor Organization File Number: <u>036976</u> P.O. Box, Building and Room Number, if any: _____ Street: <u>604 NORTH GREAT SOUTHWEST PARKWAY</u> City: <u>ARLINGTON</u> State: <u>Texas</u> ZIP Code + 4: <u>76011-5425</u>
5. Position in labor organization: <u>OFFICER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	7. a. Nature of Interest, Transaction, or Income. _____ 7. b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Billy Joe Smith

On

8/10/05
Date

409-670-6964
Telephone Number

City <input type="text" value="Houston"/>	
State <input type="text" value="Texas"/>	ZIP Code + 4 <input type="text" value="77099"/>
10. If 9.b. or 9.c. is checked give trust or employer's name.	
Name <input type="text"/>	
Trade Name, if any: <input type="text"/>	
P.O. Box, Bldg., Room No., if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/>	ZIP Code + 4 <input type="text"/>
11.a. Nature of such dealing.	
Jointly administered trust that established and maintains pension, health and welfare, dental, apprentice and 401k plans via collective bargaining agreements with Iron Worker Unions in the Texas District Council.	
11.b. Approximate dollar value of such dealing. <input type="text" value="\$276,000,000"/>	
12.a. Nature of interest held or income received.	
Reimbursed trustee mileage to February 11/84 Trustee meeting in Houston, Tx.	
12.b. Amount. <input type="text" value="\$103"/>	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **T.I.E.A.T.J.U.F.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **604 NORTH GREAT SOUTHWEST PARKWAY**City **ARLINGTON**State **Texas** ZIP Code + 4 **76011-5425**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Apprenticeship fund that owns the property at 2003 Industrial Park Drive Bederland, Tx. 77627

11.b. Approximate dollar value of such dealing.

\$1,000,000

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR lawn services and supplies for property at 2003 Industrial Park Drive Bederland, Tx. 77627

12.b. Amount

\$418

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment